

AV Evaluation Form

Rockwell Communications AudioVisual Aids

Please submit this form when you return the AV materials. Mail or fax to:

State of Connecticut
Commission on Fire Prevention and Control
34 Perimeter Road
Windsor Locks, CT 06096-1069
Fax Number: 860-654-1889

AUDIOVISUAL AIDS BORROWED

- ☐ CD
- ☐ Video
- ☐ Slide/Cassette
- ☐ Overhead Transparency
- ☐ Curriculum

Title _____

Date(s) Shown _____

TYPE OF AUDIENCE

- ☐ Fire Service
- ☐ School Children
(age or grade) _____
- ☐ General Public
- ☐ Service Club
- ☐ Government Body
- ☐ Business or Industry Employees
- ☐ Other _____

PURPOSE (PICK ONE)

- ☐ In-service Training
- ☐ Fire Prevention
- ☐ Public Relations
- ☐ Fire Service Training
- ☐ Public Education
- ☐ Other _____

NUMBER IN AUDIENCE VIEWING

NUMBER OF SHOWINGS

- ☐ 1-5 ☐ 6-20 ☐ 20 or more

COMMENTS ON MATERIALS

- ☐ Excellent ☐ Good
☐ Fair ☐ Poor

Explain: _____

MATERIALS RECEIVED EXPEDITIOUSLY

- ☐ Satisfactory
- ☐ Unsatisfactory

Explain: _____

ROCKWELL COMMUNICATIONS SERVICE

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Explain: _____

SUGGESTIONS FOR AV MATERIALS

Name of Material _____

Distributor _____

Address _____

- ☐ CD
- ☐ Video
- ☐ Slide/Cassette
- ☐ Overhead Transparency
- ☐ Curriculum

Person filling out this form:

Name: _____

Title or Position: _____

Department or Organization: _____

Phone Number: _____

Email: _____

Thank you for your time!